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# Copper River Regional Health Facility Plan

Final Report  
December 16<sup>th</sup>, 2005

Prepared by **nbbj**

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Tab 1

## **Purpose**

NBBJ was contracted by the Alaska Native Tribal Health Consortium (ANTHC) and the Denali Commission in the summer of 2005 to conduct an assessment of the regional health needs of the Copper River Basin. The purpose of the study was to identify service gaps that will help in the prioritization of facility improvements for healthcare within this region. The end product has been to develop architectural space programs for primary care, elder care, dental care and behavioral health care services for the various providers that serve the 3,200 people that live in this region. This report will act as a map for healthcare facility improvement needs over the next few years.

NBBJ was tasked with developing the following as part of this work effort:

1. A description of the existing service delivery model including:
  - a. staffing
  - b. services
  - c. facilities
2. Identification of gaps in services
3. Identification of proposed, sustainable, expanded services while minimizing duplication of services
4. Translation of proposed services into facility needs
5. Development of regional health strategy that includes prioritizing health facility development based upon a consensus on improvements to the health service delivery systems in place within the region



## **Process**

The following outlines the approach and process undertaken by NBBJ to develop a regional facility health plan:

- A review of the May 2004 Needs Assessment; which was a preamble to this work effort
- An assessment of surveys completed by providers within this region
- Provider interviews and site visits to assess the current conditions and fully understand the health care delivery system in the region
  - Additional planning documents provided by stakeholders were used to supplement existing documentation.
- A regional planning meeting facilitating group discussions about health care service and facility gaps in the region
- Analysis of the demographics of the region to aid in planning for future populations
- Analysis of service and facility gaps as they relate to:
  - Primary care
  - Elder care
  - Dental care
  - Behavioral health delivery in the region
- Meetings with the Denali Commission to reconcile space needs and funding requirements for health care facilities
- Development of an architectural space program and prioritization for health care facilities improvement within the region

## **Healthcare Service Delivery**

The Copper River Region is located about 180 miles North-East of Anchorage. The residents live mainly in villages ranging in size from 80-500 people scattered throughout a geographic area about the size of the state of Ohio. The regions population totals some 3,200 people and is not expected to appreciably change in numbers over the next 10 years. However, shifts in population age groups will occur that will have an impact on the health care needs of the Region. Specifically, it is estimated that the population group of people 65 and over will grow by 180%. In trying to close the gaps that exist within the healthcare system, it will be important to focus on this segment of the population.

Providers of Health Care in the Copper River Region

Currently, there are four main providers of health care in the region providing varying levels of care to the residents of the Copper River area.

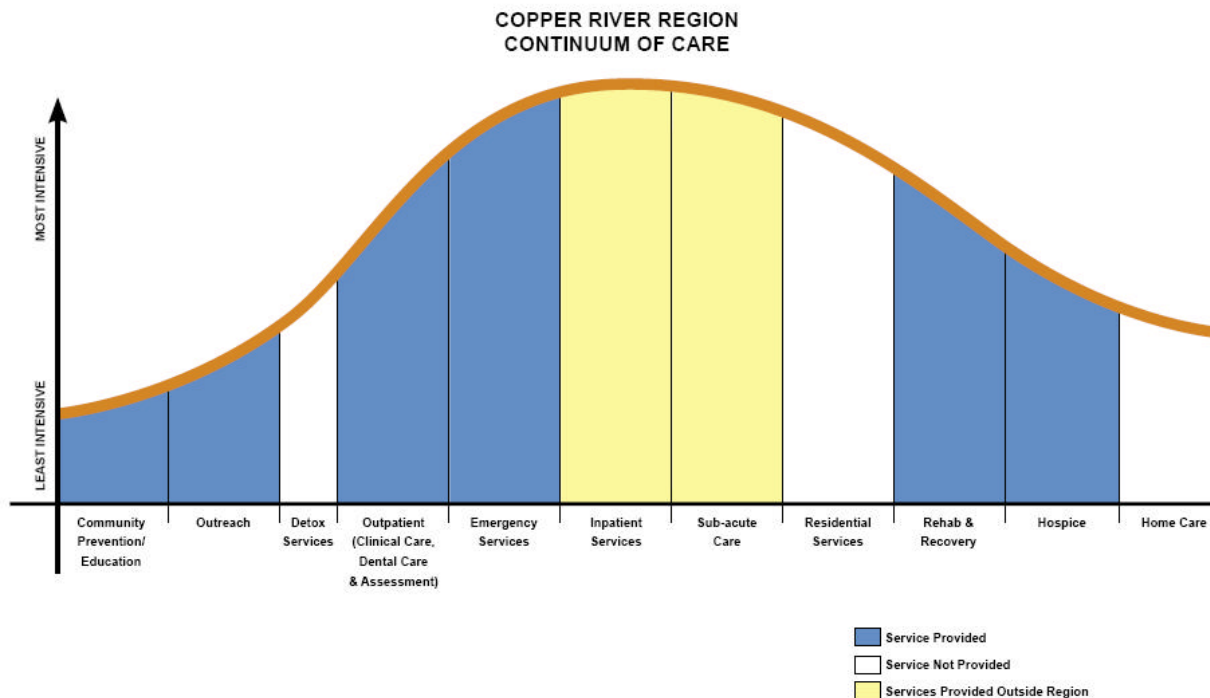
- Chitina Tribal and Community Health Center (Chitina)
- Copper River Native Association (CRNA)
  - Kluti-Kaah Village Clinic
  - Cantwell Village Clinic
  - Tazlina Village Clinic
  - Gulkana Village Clinic
  - Wrangell Mountain Dental Clinic
- Cross Road Medical Center (CRMC)
- Mount Sanford Tribal Consortium (MSTC)
  - Chistochina Clinic
  - Mentasta Lake Clinic

The 2 regional clinics, Cross Road Medical Center and Copper River Native Association, are located centrally in the region and provide higher level services with more staffing capacity than the 7 Village and Tribal clinics that support the smaller communities in the region. CRMC is the regional primary care facility with 1 staff physician and 14 RNs on call 24 hrs a day, while CRNA is the regional provider for behavioral health services and has 11 medical professionals supporting its clinical services.

In addition, CRNA also provides staffing for 4 village clinics that serve the region. Kluti-Kaah, Cantwell, Gulkana and Tazlina have one Community Health Aide (CHA) each that work out of a clinic located in their villages. The convenience of the clinics and the ability of the CHAs to relate to the patients, provide very high usage rates for these village clinics. Two other organizations MSTC and Chitina Native Tribal Organization, provide clinics to the residents of their respective communities. MSTC currently runs clinics in Mentasta Lake and Chistochina. These clinics operate out of office spaces meant for the tribal organization, creating a need for their own clinical space. Chitina has recently moved into a 2,000 sf facility and has a mid-level medical professional on staff.

## Service Provision

During NBBJ's visit to the Copper River Region, interviews with health care providers and tours of their facilities provided an understanding of the service delivery system as well as the facility gaps that exist. The following graphic depicts the continuum of care for the Copper River Region. The vertical axis conceptually displays the level of intensity for the services shown. For example, inpatient services are the most intensive, requiring the most intensive staffing and the most highly regulated facilities. The horizontal axis shows the progression of services as one moves through the health care system. Some services are appropriately provided outside the region, while others are absent but should be provided in the region. Of the services present in the region, some levels of service may be appropriate and some may be lacking.



Within the continuum of care for the region, there are gaps in some services which are currently not provided as indicated by the preceding graph. Currently, residents of the region travel to Anchorage or other out-of-region areas for in-patient care. The population density to support a hospital is not present in the Copper River region, so leaving the region for inpatient care makes sense. The focus is turned to the other services that are absent in the region: detox, residential services and home care services. This is important to note because the absence of residential and home services that cater to elders directly impacts a growing elderly segment of the population. Also, substance abuse and Fetal Alcohol Syndrome persist as huge problems facing rural Alaskans. Currently, there are no service provisions for detox in the region.

Within the services currently provided, denoted by the blue shaded portions of the graph, deficiencies also exist. In general, service delivery is compromised in the region because many of the existing health care facilities are not adequate to meet the needs of their users and do not function optimally for healthcare service delivery. The providers in the region have different issues related to their respective facilities ranging from space shortages and poor functional layout to structural damage or obsolete temporary facilities that have outgrown their useful lives. Whatever the case, many facilities that provide healthcare to the residents of the Copper River Region are in dire need of improvements or replacement.

Access to care may also compromise service delivery. Access issues may be due to the difficulties in getting to a care provider due to road conditions, vast geographic distances or lack of transportation (especially in getting to services in Anchorage). Access may also be affected by lack of provider resources. Access issues contribute to lower than expected utilization rates. When the local providers are benchmarked against a regional equivalent for healthcare delivery, they come up short in terms of usage rates. For example, the average number of clinic visits per person recorded by Southcentral Foundation's primary care practice is 3.7. In comparison, CRMC has an average rate of about 2.41. Applying the 3.7 usage rate to the regions population shows a gap in service in the region of about 2,300 visits.

Also, dental care is not adequately provided in the region. Currently, there is one dentist serving the whole region. IHS guidelines shows that a population of 3,200 can support 3 dentists. Dental records also indicate about 2,000 annual patients using the dental services, which leaves about 1,200 residents of the Copper River Region who are not seeing a dentist on a regular annual basis. Interviews with the dentist and residents of the area also showed a long wait time for appointments, making access difficult.

In addition, severe gaps exist in the delivery of elder care services. There are currently about 7 people from the region in skilled nursing and extended care facilities outside of the Copper River area. With the estimated growth in population, the need will likely increase to about 13 beds by the year 2015. This is further validated by using at-risk calculations for nursing home use provided by the National Center for Health Statistics. The calculations show that about 10 beds are needed today given the population make up of the region.

Residential services such as assisted living facilities that allow elders to live in their own home or apartment in a supported environment are also lacking in the region. As the population ages, this need will increase. Some home care services, like visiting nurse programs, are provided but many services are lacking. Surveys sent out to the residents of the region indicated that there is a demand and stated need for assisting elders with activities of daily living.

Other residential care needs were also noted. Interviews with the healthcare providers indicated that they have a challenge with recruiting and retaining medical staff in the region due to the lack of housing. In fact, three of the providers surveyed had lost personnel recently due to lack of housing. One healthcare staff stated that he was commuting for over 90 miles each way to get to work because there was no housing available in the area.

Access to behavioral health care is also a challenge for Alaskans state-wide as well as within this region. Facilities used to deliver outpatient behavioral health care are obsolete. Although it was agreed that in-patient care was best suited for outside the region in Anchorage, providers expressed a desire to have observation beds for detox and mental health patients in the Region. Talks have been initiated between CRMC and CRNA to see if this would be possible to provide.

Finally, the lack of domestic violence and sexual assault services in the region needs to be addressed. While these services are not health care per se, individuals involved often require health care and/or behavioral health services. Facilities and services that cater to victims were seen as a huge gap that needed to be filled within the Copper River Region.

## **Facility Recommendations**

The following facility recommendations culminates NBBJ's work effort and provides a summary of the facility improvements needed in the region to allow for the provision of adequate healthcare services.

### **Programs & Services**

#### *1. Wellness & Education*

- Wellness and Educational Program should be a focus for all clinics
  - Provide spaces and programs to support this
  - Active participation within the schools in the area is key
- Define the primary role of village clinics as preventive care clinics

#### *2. Detox*

- Include in wellness and education programs
- Continue discussion for providing detox observation beds in region (CRMC & CRNA)

#### *3. Outpatient Primary Care*

- Facility upgrades are needed to allow the clinics to function better
- Provision of an additional village clinic at Gakona would provide better convenience and alleviate pressure on the staff at other village clinics

#### *4. Dental Care*

- Addition of one Full-Time, and one Part-Time dentist appear needed to meet the demand for dental care in the region
- Develop school programs that teach the importance of prevention and give fluoride treatment to children

#### *5. Emergency Medical Services (EMS)*

- Further assess need for at least one more station North of Glennallen

#### *6. In-patient/Sub-acute Care*

- Service not appropriate for Region

*7. Residential Services*

a. Elder Care

- Assess feasibility for an extended care facility (nursing home) in the region to respond to demands for this population group, ~10 beds needed
- Provide more outreach services for elders in their homes

b. Staff Housing

- More housing needed throughout region to support clinics

*8. Rehab & recovery*

- Current use at Chiropractic Clinic appear adequate for level of care provided
- Further need for a certified physical therapist/chiropractor in region

*9. Hospice*

- Program provided by CRMC

*10. Home Care & Support*

- Communities should plan out-reach services to elders

**Space Summary**

Regional Clinics

1. CRNA – Provide new facility. Health Care needs estimated at 15,000 sf, as part of larger multi-use facility
2. Cross Road – Renovation and replacement of basement function. Addition of space estimated at 10,000 sf

Village Clinics

1. Gakona – Provide space for clinic. Space will be part of multi-purpose facility. Estimated space is 2,000 sf

2. MSTC- Provide clinics at Chistochina and Mentasta Lake. Both fit within Denali Commission recommended space for clinics. Estimated space is 1,500 sf for Chistochina, 2,000 sf for Mentasta Lake
3. Chitina – More space to be considered with additional service needs

#### Additional Services Needed in Region

1. Detox and Mental Health Observation Beds
  - Investigate partnership between CRNA and CRMC
  - Possible use of observation beds at CRMC for detox and mental health patients that need it
2. Domestic Violence and Sexual Assault Safe House
  - High incidence in area
  - Need a safe space centrally located and accessible to state troopers
  - Medical expertise also needed to treat victim

#### Outcomes and Next Steps

- This study determined that the current service providers have complementary roles and their roles within the healthcare system are clearly understood.
- This regional healthcare strategy was unanimously approved at the December 9, 2005 meeting by 20 stakeholders and representatives from all the healthcare providers in the region.
- The Regional Economic Development Council agreed to act as the umbrella organization so all entities can work together in advancing the healthcare strategy. John Downs is the contact person.
- The individual providers need to adhere to the Denali Commission process for applying for facility funding. Additional information sources and contacts are provided on the Denali Commission web site.



**Meeting Attendees: Copper River Regional Health Facility Plan Group Meetings****Place: BLM field office, Glennallen****Date: Thursday, September 29 from 10 am – 2 pm****Place: Kluti-Kaah Hall in Copper Center****Date: Friday, December 9 from 10 am – 2 pm**

Name	Organization	Name	Organization
1. Gilbert Gutierrez	CRNA	1. LaMonica Claw	Gulkana Village
2. Scott P. Monroe	MSTC	2. Anna Young	Gulkana Village
3. Tessa Rinner	Denail Commission	3. Viann Nation	CRNA
4. Mae Marshall	CRNA	4. Brenda Tyone	CRNA
5. Robert Marshall	CRNA	5. David Abbott	CRMC
6. Carolyn Gove	Denali Commission TASC	6. Bill Leino	CRMC
7. Rose Jerue	CRNA	7. Doug Vokko	CRMC
8. Veronica Nichols	CRNA	8. George Drinkwater	MSTC
9. Tammany Straughn	CRNA	9. Ramona A. Justin	MSTC
10. Eleanor Dementi	CRNA	10. Michelle Bayless	Gakona Village/Chitina Village
11. Pauly Jerue	Kluti-Kaah	11. Charlene Nollner	Gakona Village
12. Charlene Nollner	Gakona	12. Virginia Gene	CRNA/Gakona Village
13. Albert Craig	CRNA Kluti-Kaah	13. Christopher Gene	CRNA/Gakona Village
14. Doug Vokko	CRMC	14. Susan Voghn	Kluti-Kaah/CRNA
15. Michelle Bayless	Gakona/Chitina	15. Lorraine Jackson	CRNA/Gulkana Council
16. Teri Nuher	CRBRHA	16. Robert Marshall	CRNA
17. Noel Rea	SOA/Denali Commission	17. Mae Marshall	CRNA
18. Jerry VanBenCoten	Chitina	18. Gilbert Gutierrez	CRNA
19. Agnes Denny	MSTC	19. Hannah Hawkins	Denali Commission
20. Karen Eskilida	Chitina	20. Garolyn Gove	Denali Commission TASC
21. Terrie Martin	NBBJ	21. Tessa Rinner	Denali Commission
22. Nnenna Emenyonu	NBBJ	22. Albert Craig Jr.	Kluti-Kaah
23. Paul Morrison	ANTHC-DEHE	23. Allen Bollinger	ANTHC-DEHE
		24. Terrie Martin	NBBJ
		25. Nnenna Emenyonu	NBBJ
		26. Rose Jerue	CRNA

Tab 2

# Copper River Regional Health Facility Plan

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Final Presentation  
December 9<sup>th</sup>, 2005

12/9/05

Copper River Regional Health Facility Plan

1



**nbbj**

# Agenda

- Study Purpose
- Process
- Where We Left You
- Description of Regional Health Delivery System
- Service & Facility Gaps
- Health Care & Space Needs
- Next Steps

# Purpose

- Identify sustainable improvements for service delivery and facilities
- Propose Facility Space Program
  - Primary Care Space
  - Elder services
  - Dental & Behavioral Health

# Process

- Overview of prior plan:  
*Copper River Health Needs Assessment,  
May 2004*
- Update demographic analysis
- Provider interviews and facility tours
- Analyze updated provider questionnaires
- Identify service gaps
- Space recommendations

# Where We Left You

- Review of Prior Plan-
  - Outlined values for the regional healthcare system
  - Provided statistics on health issues state-wide and nationally
  - Provided description of service gaps in the area in comparison to national and state wide trends

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# Where We Left You

- Updated demographic analysis
- Visited the providers in the region
  - Provider interviews and facility tours
- Regional Planning Meeting presenting what we heard

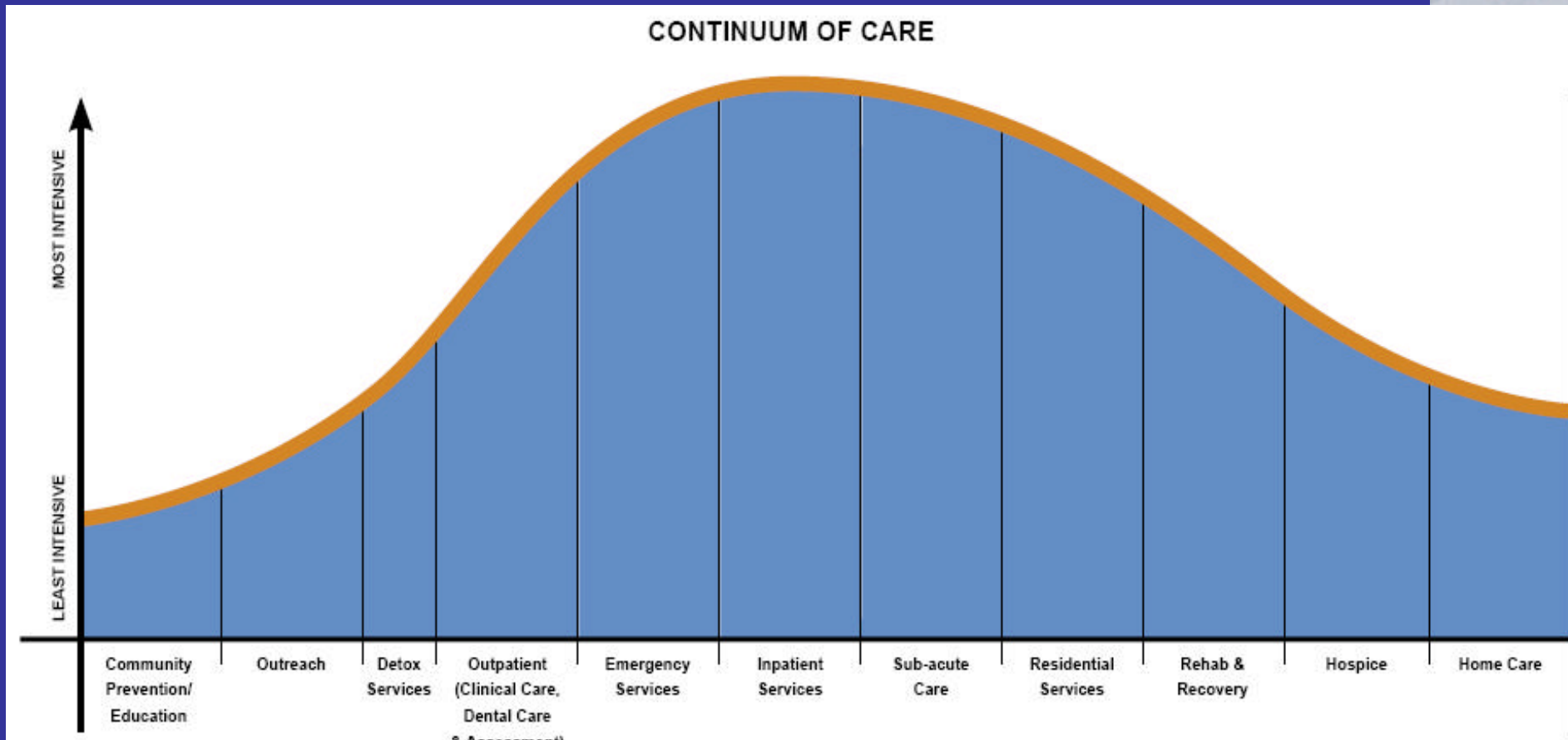


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### Information sources used in analysis

- All information used in the analysis is compiled from site visits, provider interviews and completed provider surveys in September/October 2005.
- Unless otherwise noted, statistical information is from the Copper River Health Needs Assessment, May 2004.
- Acronyms:
  - PA: Physician Assistant
  - CHA: Community Health Aide
  - BHA: Behavioral Health Aide
  - RN: Registered Nurse
  - EMT: Emergency Medical Tech

# Description of Regional Health Delivery System



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Copper River Regional Health Facility Plan

# Continuum of Care

- The preceding graphic depicts the continuum of care for the Copper River Region.
  - The vertical axis displays the level of service intensity
    - For example, inpatient services are the most intensive, requiring the most intensive staffing and the most highly regulated facilities.
  - The horizontal axis shows the progression of services as one moves through the health care system
    - Some services are appropriately provided outside the region, while others are absent but should be provided in the region. Of the services present in the region, some levels of service may be appropriate and some may be lacking.

# Existing Model of Care

## Providers & Services

- Chitina Tribal and Community Health Center (Chitina)
- Copper River Native Association (CRNA)
  - Kluti-Kaah Village Clinic
  - Cantwell Village Clinic
  - Tazlina Village Clinic
  - Gulkana Village Clinic
  - Wrangell Mountain Dental Clinic
- Cross Road Medical Center (CRMC)
- Mount Sanford Tribal Consortium (MSTC)
  - Chistochina Clinic
  - Mentasta Lake Clinic

# Existing Model of Care

## Chitina Clinic

Primary Care

Telemedicine

**Preventative &  
Community Health**

Pharmacy

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## Services

- Well-Child Clinics
- Physical Exams
- Immunizations
- Pre-natal Care
- Advanced Cardiac Life Support (ACLS)
- Minor Trauma treatment
- Chronic Care (Blood Pressure, Heart Monitoring)
- Limited Lab
- Dispensing Facility
- Primary Care

# Existing Model of Care

## Chitina Clinic

### Staffing-

- 3 CHA's
- 1 PA
- 1 un-filled position, need BHA and dentist

### Patient Volumes-

- 560 outpatients per year
- 15 Dental visits
- 25 Emergency visits
- Visits per person – 1.87 (Anchorage average 3.7)

# Existing Model of Care

## Chitina Clinic

### Facility

- Newly renovated 2,080 sf facility, moved in July 2005
- Insufficient support space
- Behavioral Health and dental exam rooms used as office space for clinic staff
- Additional 1,800 sf estimated need



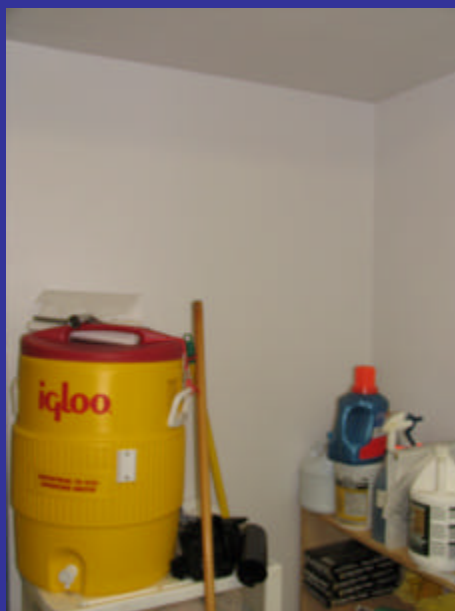
# Existing Model of Care

## Facility

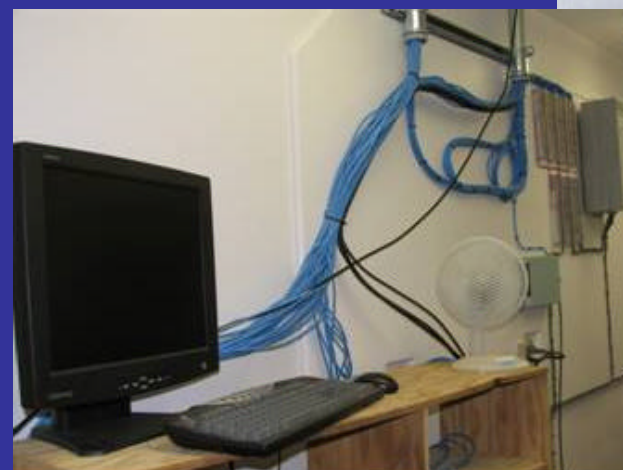
### Chitina Clinic



Medicine cabinet in hallway



Future location of audiology lab  
(laundry room)



Server in storage room.  
Short of support space.



# Existing Model of Care

## CRNA

Behavioral  
Health

Mental  
Health

**Preventative &  
Community Health**

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## Services

- Behavioral Health Counseling
- Family Counseling
- Neuro-psych Testing & Assessment

# Existing Model of Care

**CRNA**

## Staffing-

- 1 mental health therapist
- 5 substance abuse counselors
- 5 behavioral health aides
- 2.5 case managers
- 4.5 direct support/program managers
- 1 itinerant psychiatrist (3 days a month)

## Patient Volumes-

- 6,336 Behavioral Health patients per year

# Existing Model of Care

## CRNA

### Facility

- 10,000 sf facility (temporary facility occupied over 30yrs)
- Houses CRNA administrative offices, social program spaces, behavioral health clinic, food bank
- Obsolete facilities beyond useful life
- Poor functional layout, inadequate to function for health care usage
- Replacement needed

# Existing Model of Care

Facility

CRNA



Exterior of building



Elder Care Center



Behavioral Health group meeting room

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# Existing Model of Care

Wrangell  
Mountain Dental

Dental care

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## Services

- General Dentistry
- Dental Hygiene
- Major dental surgery, services requiring general anesthesia referred elsewhere

# Existing Model of Care

## Dental Clinic

### Staffing-

- 1 full-time Dentist
- 1 Office Manager
- 1 part-time Dental Hygienist

### Patient Volumes-

- Average 2,000 patients on file per year
- 3,000 visits per year
- 12-18 patients a day, 1-3 are emergency cases
- 6-8 week waiting period for appointment



# Existing Model of Care

Facility -

Dental Clinic

- Centrally located in Glennallen

# Existing Model of Care

## Village Clinics

Basic  
Primary Care

Some Behavioral  
Health

Tele-Medicine

Preventative &  
Community Health

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## Services

- Primary Care
- Well-child Clinics
- Immunizations
- Home visits



# Existing Model of Care

## Village Clinics

### Staffing-

- 1 CHA per clinic
- 1 itinerant Physician (twice a year)
- 1 itinerant Public Health Nurse (once a month)
- 1 itinerant RN (once a year)

### Patient Volumes-

<b>Clinic</b>	<b>Visits per Year</b>	<b>Usage</b>	<b>Service Area (population)</b>
Kluti-kaah	1429	3.57	400
Gulkana	1111	3.40	327
Cantwell	211	0.95	222
Tazlina	1483	3.87	383

# Existing Model of Care

## Village Clinics

### Facility -

- CHAs function out of clinics (All facilities have exam rooms)
- Cantwell – Multi-use building, 420 sf of health care space. Exam room too small, poor lighting and storage.
- Kluti-Kaah – Stand alone facility in trailer
- Gulkana – Stand alone facility in trailer
- Tazlina – New Clinic in Multi-use building

# Existing Model of Care

## Facility



Tazlina Clinic – Multi-use facility with healthcare component



Gulkana Clinic – Typical stand alone village clinic



Gulkana Clinic - Typical exam room with tele-medicine cart

## Village Clinics

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Copper

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# Existing Model of Care

## Cross Road

Primary Care

Behavioral  
Health

Preventative &  
Community Health

Acute & EMS

4 observation  
beds

Lab, Radiology,  
X-Ray

## Services

- Federally qualified Health Care Clinic
- Family Practice Clinic
- Emergency room/Trauma
- Outpatient Care
- Physical Therapy
- School & Community Nurse Program
- Pre & Post Natal Care
- Behavioral Health Family Counseling
- Hospice
- Visiting Nurse
- Pharmacy
- X-Ray
- Lab

# Existing Model of Care

## Cross Road

### Staffing-

- 14 RNs
- 1 PA, 1 NP
- 1 Physician (lost 1 in Sept, constant turn-over for RNs)

### Patient Volumes-

- 7,713 outpatient visits/year
- 120 Mental health visits/year
- Visits per person/year – 2.47 (Anchorage average 3.7)



# Existing Model of Care

## Cross Road

### Facility

- 13,000 sf facility
- Structural damage in basement, repairs needed to remain operational
- Renovation + ~10,000 sf new construction recommended as identified in the “Code & Conditions Survey”

# Existing Model of Care

Facility

Cross Road



Basement wall showing damage



Dental exam room, no dentist on staff



Only fully equip lab and pharmacy in region

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# Existing Model of Care

## MSTC

Primary Care

Behavioral  
Health

↓  
Tele-psychology  
program

Tele-Medicine

Preventative &  
Community Health

12/9/05

## Services

- Primary Care
- Well-child Checks
- Physical Exams
- Immunizations
- Pre-natal Care
- ACLS
- Minor Trauma Treatment
- Chronic Care (BP, Heart Monitoring, etc)
- Dispensing Facility



# Existing Model of Care

## MSTC

### Staffing-

- 1 CHA per clinic (part time)
- 1 Behavioral Health Counselor per clinic (part time)
- 1 itinerant RN (1 day a week at each clinic)
- Staff housing a problem for retention
- EMTs and dentist needed

### Patient Volumes-

<b><i>Clinic</i></b>	<b><i>Visits per Year</i></b>	<b><i>Usage</i></b>	<b><i>Service Area (population)</i></b>
Chistochina	410	4.41	93
Mentasta Lake	550	3.87	142

# Existing Model of Care

MSTC

## Facilities –

- Two Clinics
  - Chistochina at 320sf
  - Mentasta Lake Clinics at 280sf
- Both clinics are operated out of office space for the tribal organization
- Inadequate to function for health care usage
- Both facilities too small, hindering ability to operate optimally

# Existing Model of Care

Facility

MSTC



Exterior of building- Clinic space on right side, administrative functions for MSTC on the left



The tele-psychiatry cart in its location in the admin/ reception space. It can only be used after hours to guarantee the privacy needed for patient sessions

Door was expanded to allow for gurneys

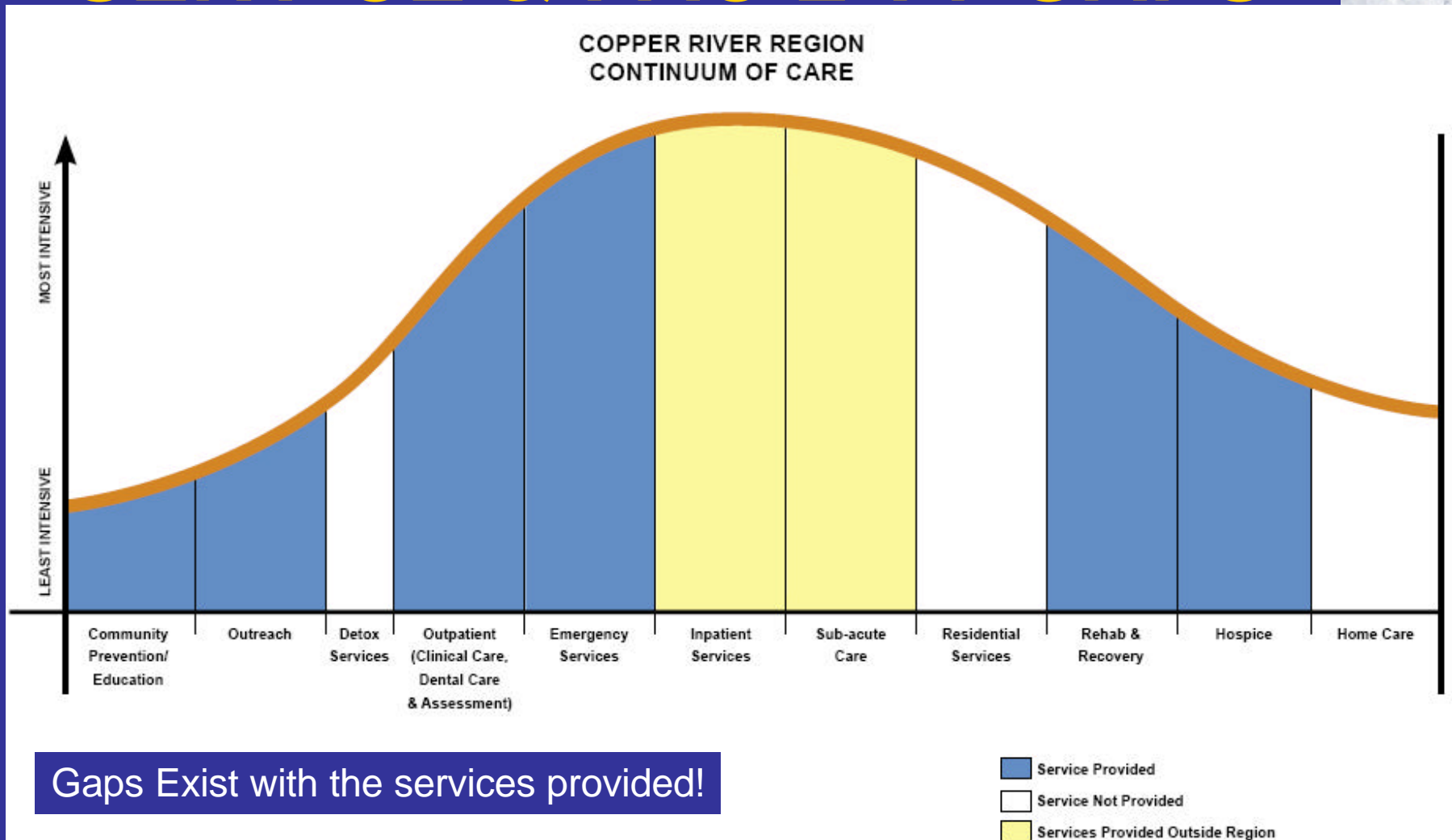
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# SERVICE & FACILITY GAPS



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# SERVICE & FACILITY GAPS

## Wellness & Education – the challenge

- Poor Lifestyles lead to a majority of chronic conditions affecting rural Alaskans
  - Motor vehicle accidents, lung and other cancers, diabetes, child abuse, substance abuse and heart disease can be prevented through better lifestyle choices
- Prevalence of Diabetes increased 100% from 1985-1999
- FAS continues to affect a majority of children

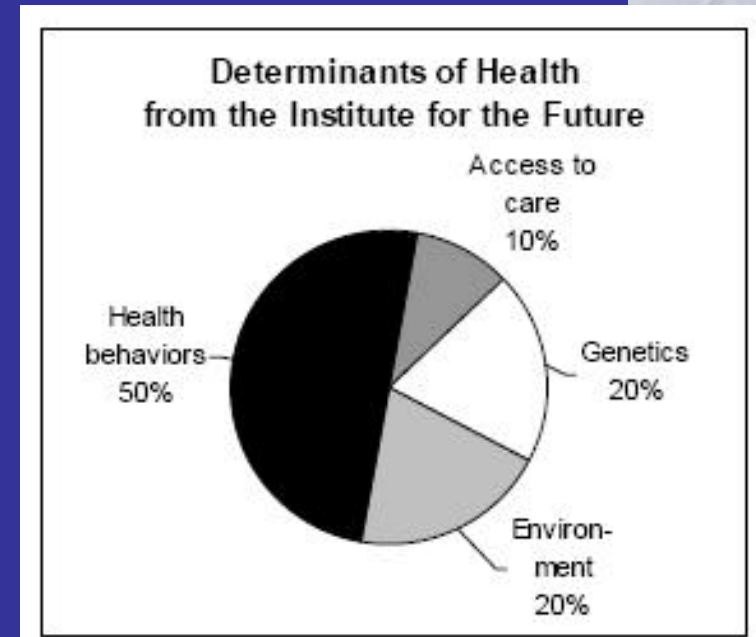


# SERVICE & FACILITY GAPS

## Wellness & Education

- Healthy behaviors and wellness can be attributed to longer and healthier lives!

- Lifestyle changes for patients
- Educational programs promoting
- Healthy living
- Provide wellness spaces in clinics
- Preventative care as Primary role for village clinics



# SERVICE & FACILITY GAPS

## Wellness & Education

- Establish Roles for Existing Providers
  - Varying levels of care suggest that providers should focus on different roles
- Community Prevention and Outreach-
  - Village Clinics
- Diagnosis & treatment-
  - Chitina Clinic
  - Cross Road
  - CRNA
  - MSTC

Community health & prevention is still a priority for all providers however, additional spaces should be included in village clinics to meet this need.

# SERVICE & FACILITY GAPS

## Detox

- Not provided in the region
- Need Inpatient Medical Detox: high level of monitoring, high risk biomedical complications, psychiatric or behavioral complications



# SERVICE & FACILITY GAPS

## Outpatient Primary Care

- Usage rates for the region lower than National averages and Anchorage service area

<i><b>Annual Outpatient Usage Rates per Patient</b></i>	
<i><b>Providers</b></i>	<i><b>Family Medicine</b></i>
Chitina	1.87
Cross Road	2.41
SCF	3.78

# SERVICE & FACILITY GAPS

## Outpatient Primary Care

- Total patient visits for primary care in Copper River is 8,300 a year

<i>Annual Outpatient Usage Rates per Clinic</i>	
<i>Providers</i>	<i>Family Medicine</i>
<b>Chitina</b>	560
<b>Cross Road</b>	7713
<b>CRNA (Visiting Doctors for Clinics)</b>	20
<b>Current Utilization</b>	<b>8293</b>

# SERVICE & FACILITY GAPS

## Outpatient Primary Care

- At an average usage rate of 3.7 visits (SCF average) per person, there is a gap of about 3,200 patient visits in the region

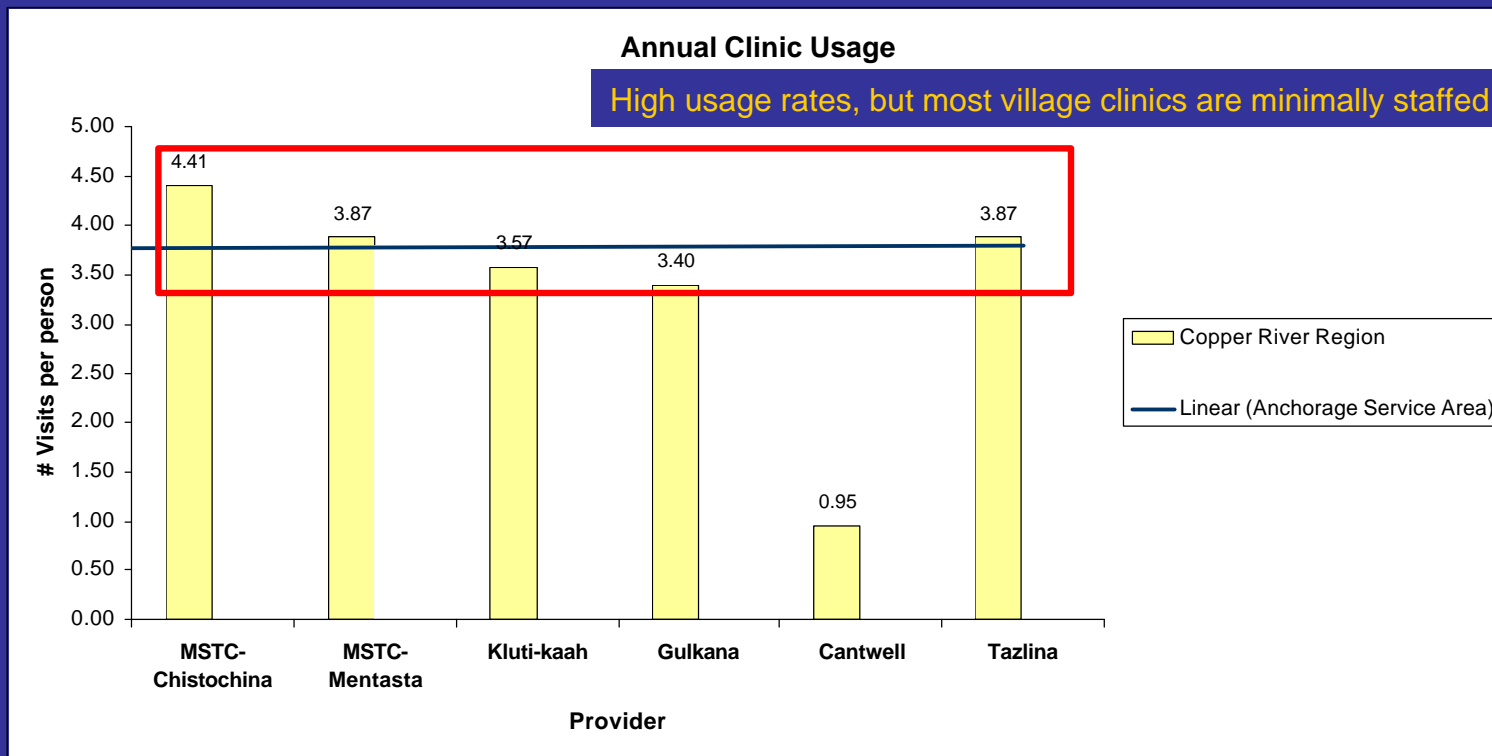
### *Increased Outpatient Need*

Typical average usage rate(benchmark)	3.7
Total Copper River Population	3120
Total Visits Needed to Meet Demand	11544
<b>GAP</b>	<b>3251</b>

# SERVICE & FACILITY GAPS

## Outpatient Primary Care

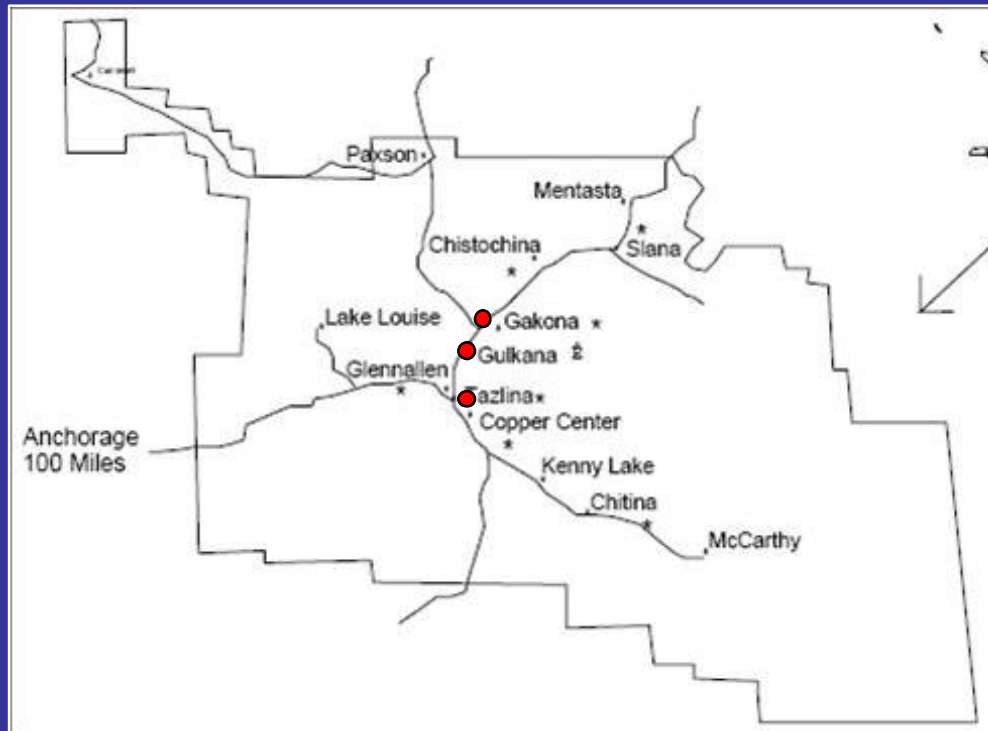
- Village clinics show high usage rates per patient (not an apples to apples comparison with the SCF clinic)
- Residents are happy with the clinics
- Convenience and comfort with CHAs promote high usage of clinics



# SERVICE & FACILITY GAPS

## Outpatient Primary Care

- Some pressures exist on the system because of the limited number of staff at each clinic
- Patient to staff ratios suggest that an additional village clinic can be supported in the region
- Gakona's location in proximity to Gulkana and Tazlina might help redistribute usage and relieve some pressure on the system



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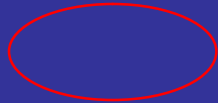
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# SERVICE & FACILITY GAPS

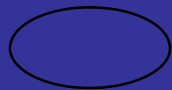
## Outpatient Primary Care

### Staffing vs. Patient Loads

	Service Area	Annual Visits	Ave visits/day	Staff	Ratio Visits to Staff	Ratio of pop to staff
Chitina	300	560	2	4	0.5	75
Cross Road	3207	7713	30	17	1.7	189
CRNA	3207	6336	24	11	2.2	292
Gulkana	327	1111	4	1.5	2.8	218
Tazlina	383	1483	6	1.5	3.8	255
Cantwell	222	211	1	1.5	0.5	148
Kluti-Kaah	400	1429	5	1.5	3.7	267
MSTC- Chistochina	93	410	2	2	0.8	47
MSTC- Mentasta Lake	142	550	2	2	1.1	71
Mountain Wrangell Dental	3207	3000	15	1.5	10.0	2138
SCF	27045	102286	393	126	3.1	215



Low usage rates/patient visits given staffing structure- Gap in usage exists



High usage rates given limited number of staff – More providers needed

# SERVICE & FACILITY GAPS

## Dental Care

- In comparison to SCF, usage rates are low for the Wrangell Mountain Dental Clinic
- Interviews with dentist indicate they serve a total of 2,000 patients a year, leaving **1,200** un-served in the region

	<i>Ave Utilization Rates</i>
Wrangell Mountain Dental Clinic	0.94
SCF	1.48



# SERVICE & FACILITY GAPS

## Dental Care

- Highest percentage of procedures done at clinic are for
  - Teeth fillings & replacement
  - Extractions
- There needs to be more of an emphasis on Preventative Care

Procedure	Number	Percent
Teeth filled or replaced	65	41.7%
Teeth pulled	18	11.5%
Gum treatment	12	7.7%
Denture work	17	10.9%
Relief of pain	10	6.4%
Cosmetic	14	9.0%
Other	50	32.1%
None	39	25%



# SERVICE & FACILITY GAPS

## Dental Care

- Number of Dentists needed for a region of 3,200 people is 3
- Dental usage information and data provided by Jeanine Tucker D.D.S.
- Methodology derived from IHS guidelines for Management of Oral Health
  - Multiply 95 service minutes required per capita by population size
  - Number of dentists is established by IHS table, using this calculation
  - 305,000 service minutes = 3 dentists

# SERVICE & FACILITY GAPS

## EMS

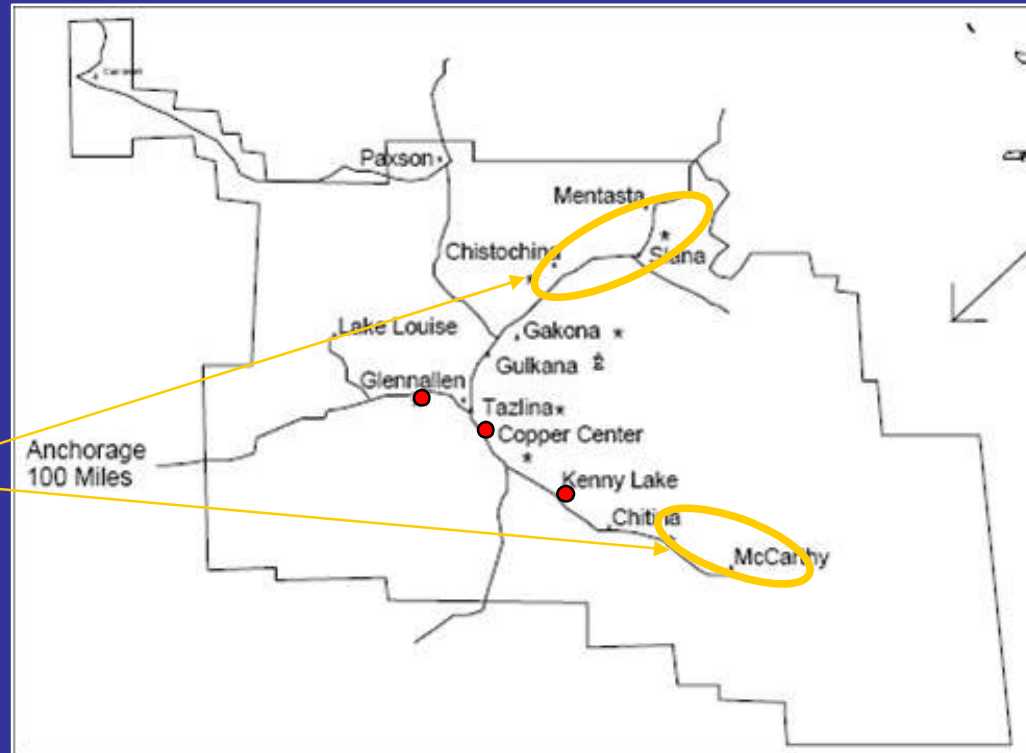
- Services provided by Copper River Emergency Medical Services (CREMS)
- CREMS has three ambulances stationed in
  - Glennallen
  - Kenny Lake
  - Copper Center
- Services operated by 30 volunteer staff and 2 paid positions
- Average of ~170 ambulance responses per year

# SERVICE & FACILITY GAPS

## EMS

- Long response time due to large area covered
- Emergencies sometimes have 2-4 hr waits

**Areas that are under-served  
By CREMS current operations.  
Mileage to these areas from  
ambulance station creates  
long response times**



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# SERVICE & FACILITY GAPS

## In-Patient/Sub Acute Services

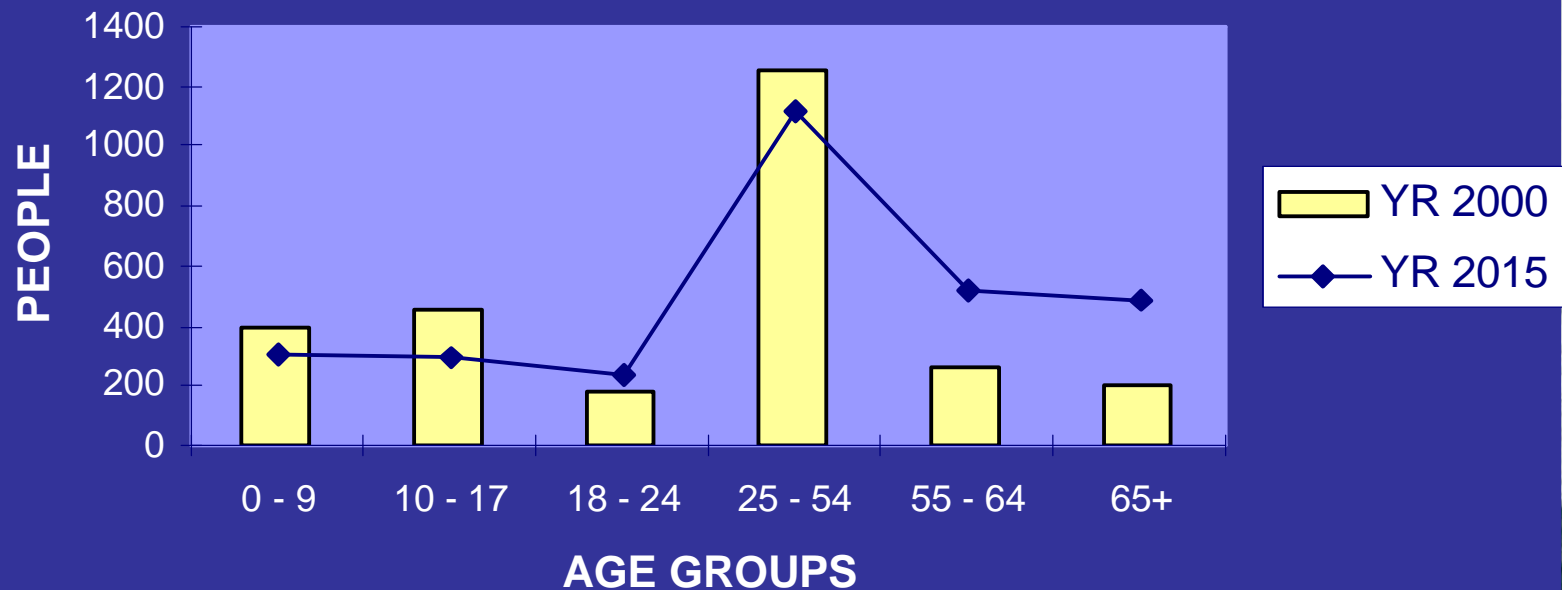
- In-patient services for region located in Anchorage – Providence, ANMC, Alaska Regional, etc.
- Gap is due to access and distance to Anchorage (3-4 hour drive)
- In-patient hospital not feasible for the region
- Emergency needs for acute observation provided by Cross Road (4 observation beds)

# SERVICE & FACILITY GAPS

## Residential Services

### Elder Care

TOTAL POPULATION BY AGE GROUPS



# SERVICE & FACILITY GAPS

## Residential Services (Nursing Home)

### Elder Care

- At risk calculations for nursing home usage provided by National Center for Health Statistics
- Shows a need for about 10 nursing bed units with the current population of the region

Age	Total	At Risk of Nursing Home Use <sup>61</sup>	Total Demand
55-64	294	0.001	0.294
65-74	178	0.011	1.958
75-84	75	0.046	3.45
85+	24	0.192	4.608
	571		10.31



# SERVICE & FACILITY GAPS

## Residential Services (Nursing Home)

### Elder Care

- Bed demand calculated by number of Copper River residents currently in Nursing home units outside of the Region multiplied by population projections

Current Population 65+ 277  
2015 Population 65+ 500  
Rate increase 181%

Facility Type	Current Utilization	Projected Need
Providence Valdez, Extended Care Center	1	2
Mary Conrad Center, Anchorage	2	4
Providence Extended Care Center, Anchorage	4	7
TOTAL	7	13

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Total demand yr 2015

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# SERVICE & FACILITY GAPS

## Residential Services: Staff Housing

- Clinics have challenges with recruiting and retention
- High turn-over of Physicians and RNs at Cross Road
- MSTC Behavioral Health Aide commuting 80+ miles
- Dental Hygienist commuting over 1.5 hrs per day
- Chitina, MSTC have staffing shortages (administrative support)
- All clinics have stated a desire for more housing to accommodate their staff



# SERVICE & FACILITY GAPS

## Rehab & Recovery

- Some out-patient physical therapy services provided by Glennallen Chiropractic
- Strong support for chiropractic care in region
- Average of 3,600 visits annually
- No transitional or in-patient services provided in Region

# SERVICE & FACILITY GAPS

## Hospice

- Hospice program provided by CRMC for the region
- Program implemented 2 years ago

# SERVICE & FACILITY GAPS

## Home Care

- Survey results asked regional elders if they needed or received assistance with basic tasks (CRHNA 2004)

### Need for Assistance with Activities of Daily Living

Task	Difficulty	Get Help	Difference
Doing heavy housework	8.8%	10.0%	*
Doing light housework	4.7%	3.5%	1.2%
Chopping wood	7.1%	7.1%	0%
Remembering things	9.4%	.6%	8.8%
Taking medication	4.7%	4.7%	0%
Hauling water	6.5%	7.1%	*
Preparing meals	4.7%	2.9%	1.8%
Shopping	4.1%	4.1%	0%
Managing money	2.4%	1.8%	.6%
Using the telephone	1.2%	.6%	6%

# SERVICE & FACILITY GAPS

## Home Care

### Need for Assistance with Activities of Daily Living

Task	Difficulty	Get Help	Difference
Bathing/showering	4.1%	1.8%	2.3%
Dressing	1.8%	.6%	.6%
Eating	1.8%	0%	1.8%
Getting in and out of bed	4.1%	.6%	3.5%
Walking	8.2%	2.4%	5.8%
Using/getting to the toilet	.6%	1.2%	*

- Some in-home support provided by Ready Care
- Growing population of elders means gap will get wider

# Health Care Needs

## Services & Facilities

### 1. Wellness & Education

- Wellness & Educational Program should be a focus for all clinics. Provide spaces & programs to support this. Active participation within the schools in the area is key.
- Define primary role of village clinics as preventative care clinics

### 2. Detox

- Include in wellness and education
- Investigate providing detox observation beds in region (CRMC)

### 3. Outpatient Primary Care

- Facility upgrades needed to allow clinics to function better. (Space summary to follow)
- Primary care clinic at Gakona would provide better convenience and alleviate pressure on the staff at other village clinics

# Health Care Needs

## Services & Facilities

### 4. Dental Care

- Addition of one FT, and one PT dentist appear needed to meet the demand for dental care in the region
- Develop school programs (like the tooth ferry) that teach the importance of prevention and give fluoride treatment to children

### 5. EMS

- Further assess need for at least one more station North of Glennallen

### 6. In-patient/Sub-acute Care

- Service not appropriate for Region



# Health Care Needs

## Services & Facilities

### 7. Residential Services –

- **Elder Care**

- Assess feasibility for an extended care facility (nursing home) in the region to respond to demands for this population group, ~10 beds needed
- Provide more outreach services for elders in their homes

- **Staff Housing**

- More housing needed throughout region to support clinics

### 8. Rehab & recovery

- Current use at Chiropractic Clinic appear adequate for level of care provided
- Further need for a certified physical therapist/chiropractor in region



# Health Care Needs

## Services & Facilities

### 9. Hospice

- Program provided by CRMC

### 10. Home Care & Support

- Communities should plan out-reach services to elders

# Space Needs

## Space Needs Summary

### Regional Clinics

1. **CRNA – Provide new facility. Health Care needs estimated at 15,000 sf, part of larger multi-use facility.**
2. **Cross Road – Renovation and replacement of basement function. Addition of space estimated at 10,000 sf.**

### Village Clinics

1. **Gakona – Provide space for clinic. Space will be part of multi-purpose facility. Estimated space is 2,000 sf.**
2. **MSTC- Provide clinics at Chistochina and Mentasta Lake. Both fit within Denali recommended space for small clinic. Estimated space is 1,500 sf for Chistochina, 2,000 sf for Mentasta Lake.**
3. **Chitina – More space to be considered with additional service needs**

# Space Needs

## Additional Services Needed in Region

### 1. Detox and Mental Health Observation Beds

- Investigate partnership between CRNA and CRMC
- Possible use of observation beds at CRMC for detox and mental health patients that need it

### 2. Domestic Violence and Sexual Assault Safe House

- High incidence in area
- Need a safe space centrally located and accessible to state troopers
- Medical expertise also needed to treat victims

# Outcomes & Next Steps

- This study determined that the current service providers have complementary roles and their roles within the healthcare system are clearly understood.
- This regional healthcare strategy was unanimously approved at the December 9, 2005 meeting by 20 stakeholders and representatives from all the healthcare providers in the region.
- The Regional Economic Development Council agreed to act as the umbrella organization so all entities can work together in advancing the healthcare strategy. John Downs is the contact person.
- The individual providers need to adhere to the Denali Commission process for applying for facility funding. Additional information sources and contacts are provided on the Denali Commission web site.

## Information & Additional Resources

- Denali Commission webpage – [www.denali.gov](http://www.denali.gov)  
Technical assistance for plan development-
  - Carolyn Gove [Carolyn.gove@gmail.com](mailto:Carolyn.gove@gmail.com) 907.276.4683
  - Noel Rea [Noel\\_Rea@health.state.ak.us](mailto:Noel_Rea@health.state.ak.us) 907.269.5024

# Space Needs Appendix

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# Space Needs

## A. Denali Commission Clinic Space Guidelines

***The Denali Commission recommends the following clinic square footage based upon community size:***

<i>Population:</i>	<i>&lt;100</i>	<i>100-500</i>	<i>500-750</i>	<i>750+ or serving multiple communities</i>
<i>Primary Care</i>	<i>1,500 Sq Ft</i>	<i>2,000 Sq Ft</i>	<i>2,500 Sq Ft</i>	<i>user defined</i>
<i>Dedicated Dental **</i>	<i>0</i>	<i>360</i>	<i>360</i>	<i>user defined</i>
<i>Dedicated Behavioral Health**</i>	<i>0</i>	<i>220</i>	<i>320</i>	<i>user defined</i>
<i>TOTAL</i>	<i><u>1,500</u></i>	<i><u>2,580</u></i>	<i><u>3,180</u></i>	<i><u>user defined</u></i>



# Space Needs

PROVIDERS	Service Area	Population	<i>Denali Recommended Size</i>		
			<i>Primary Care</i>	<i>Behavioral health</i>	<i>Dental Care</i>
CRNA	Whole Region	3120	user defined	user defined	user defined
CROSS ROAD	Whole Region	3120	user defined	user defined	user defined
VILLAGE OF GAKONA	Gakona Village	239	2000	220	360
MSTC	Mentasta Lake	142	2000	220	360
MSTC	Chistochina	93	1500	0	0
CHITINA	McCarthy, Chitina, Kenny Lake	300	2000	220	360

# Space Needs

## CRNA

### User defined facility needs

	Quantity	SF	Total SF
<b><i>Dental Clinic + support</i></b>			1290
<b><i>Health Services</i></b>			2750
<b><i>Behavioral Health</i></b>			5040
<i>Sub total</i>			9080
Circulation & Net @ 45%			4086
Sub total			13166
Mechanical @ 8%			1053
<b>TOTAL</b>			<b>14219</b>

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# Space Needs

## Cross Road Medical Center

- Total additional need is 10,000 sf
  - defined in the Code & Conditions Survey on file with the Denali Commission

# Space Needs

## Gakona

Program as defined by user			
	Quantity	SF	Total SF
Behavioral Health	1	289	289
Wellness & Education	1	300	300
Primary Care	1	400	400
Admin	1	248	248
<i>Sub total</i>			1237
Circulation & Net @ 45%			557
Mechanical @ 8%			143
<b>TOTAL</b>			<b>1937</b>

# Space Needs

## MSTC- Mentasta Lake Clinic

Medium Facility Program- As defined by the Denali Commission for Communities of this size

	Quantity	SF	Total SF
Entry	2	50	100
Waiting/Reception	1	150	150
Trauma/Telemed/Exam	1	200	200
Office	1	150	150
Admin/Records	1	110	110
Pharmacy/Lab	1	80	80
Portable X-Ray	0		0
Wellness & Education	1	150	150
Telepsych Room	1	80	80
Storage	1	100	100
HC Toilet	2	60	120
Janitor's Closet	1	30	30
<i>Sub total</i>			1270
Circulation & Net @ 45%			572
Mechanical @ 8%			147
<b>TOTAL</b>			<b>1989</b>

# Space Needs

## MSTC- Chistochina Clinic

Small Facility Program- As defined by the Denali Commission for Communities of this size

	Quantity	SF	Total SF
Entry	1	50	50
Waiting/Reception	1	100	100
Trauma/Telemed/Exam	1	200	200
Office	1	150	150
Pharmacy/Lab	1	80	80
Wellness & Education	1	150	150
Telepsych Room	1	80	80
Storage	1	80	80
HC Toilet	1	60	60
Janitor's Closet	1	30	30
<i>Sub total</i>			980
Circulation & Net @ 45%			441
Mechanical @ 8%			114
<b>TOTAL</b>			<b>1535</b>

# Space Needs

## Chitina

Additional facility needs			
	Quantity	SF	Total SF
Medical/Dental Storage	1	250	250
Staff Offices	3	120	360
Pharmacy	1	120	120
X-Ray room	1	220	220
Audiology Lab	1	80	80
Training Room	1	340	340
<i>Sub total</i>			1370
Circulation & Net @ 45%			617
Sub total			1987
Mechanical @ 8%			159
<b>TOTAL</b>			<b>2145</b>

\*\*With new clinic, facility expansion not likely a top priority for Denali Commission funding

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Tab 3

## **Funding Sources & Informational Resources**

- Web resources listed below can be accessed by going to the Denali Commission Website at [www.denali.org](http://www.denali.org)
- Additional information can be obtained from the Health Care Program Manager  
*Contact-*  
Tessa Rinner  
[trinner@denali.gov](mailto:trinner@denali.gov)  
907.271.1624
- Technical assistance and review for business plans is provided through the Denali Commission  
*Contact-*  
Noel Rea  
Noel\_Rea@health.state.ak.us  
907.269.5024  
  
Carolyn Gove  
Carolyn.gove@gmail.com  
907.276.4683

## **Web Resources**

**Additional funding sources for facilities (click on any link in blue to go immediately to that website)**

- [Indian Community Development Block Grant \(ICDBG\) Program](http://www.hud.gov/offices/pih/ih/grants/icdbg.cfm)  
<http://www.hud.gov/offices/pih/ih/grants/icdbg.cfm>
- [Rasmuson Foundation](http://www.rasmuson.org)  
<http://www.rasmuson.org>
- [M.J. Murdock Charitable Trust](http://www.murdock-trust.org)  
<http://www.murdock-trust.org>
- [The Paul G. Allen Family Foundation](http://www.pgafoundations.com)  
<http://www.pgafoundations.com>
- [Indian Health Service Tribal General Equipment Fund](http://www.oehh.ihs.gov/hb/index.cfm?volume=V&part=51)  
<http://www.oehh.ihs.gov/hb/index.cfm?volume=V&part=51>

- [Community Development Block Grant \(CDBG\) Programs](http://www.hud.gov/offices/cpd/communitydevelopment/programs/index.cfm)  
http://www.hud.gov/offices/cpd/communitydevelopment/programs/index.cfm
- [United States Department of Agriculture](http://www.usda.gov/wps/portal/usdahome)  
http://www.usda.gov/wps/portal/usdahome
- [The Alaska Mental Health Trust Authority](http://www.mhtrust.org)  
http://www.mhtrust.org

## Resources for Applicants

- [Denali Commission Distressed Community Criteria 2005 Update](http://www.denali.gov/Program_Documents/Denali%20Commission%20Distressed%20Community%20Criteria%20May%202005%20Update.pdf)  
http://www.denali.gov/Program\_Documents/Denali%20Commission%20Distressed%20Community%20Criteria%20May%202005%20Update.pdf  
Denali Commission's Distressed Community Criteria guides resource allocation for Commission programs. It is updated annually by the State of Alaska Department of Labor and Workforce Development.
- [DUNS \(Data Universal Numbering System\) Number](http://www.dnb.com/us/)  
http://www.dnb.com/us/  
To determine if your organization has a DUNS number, or to request a DUNS number, please contact Dun & Bradstreet at 1-866-705-5711. Have the following information ready when you call: Name of Business; Business address; Name of CEO/business owner; Legal structure of the business; Year business started; Primary line of business; and Total number of employees.
- [Community Database Online](http://www.dced.state.ak.us/dca/commdb/CF_COMDB.htm)  
http://www.dced.state.ak.us/dca/commdb/CF\_COMDB.htm  
Community information from the State of Alaska, Department of Community and Economic Development, including population statistics.
- [Site Control Information](http://www.commerce.state.ak.us/dca/LOGON/plan/planning-site.htm)  
http://www.commerce.state.ak.us/dca/LOGON/plan/planning-site.htm  
Provides background information about site control issues.
- [Code and Conditions Survey](http://www.denali.gov/dcpdb/)  
http://www.denali.gov/dcpdb/  
Completed Code and Condition Surveys (C&CS) for the primary care program are available for selected communities online through the Denali Commission Project Database. Please access C&CS by using the Search for Project Tool. Choose the appropriate community and the completed C&CS can be found under the Attachments Tab.
- [Cost Containment Report](http://www.denali.gov/Program_Documents/Cost%20Containment%20%20ADDITIONS.pdf)  
http://www.denali.gov/Program\_Documents/Cost%20Containment%20%20ADDITIONS.pdf  
This report reviews Denali Commission funded projects and establishes cost containment benchmarks for health clinics, washeterias and teacher housing.